SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 124
(check only one)

X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DONALD MOORE

Mailing Address 1614 OAKHURST DR.

City	State	Zip Code
OOLTEWAH	TN	37363

FEC ID number of contributing federal political committee. **C**

Name of Employer
ANES. CONSULTANTS EXCHANGE

Occupation
PHYSICIAN

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.100301

Amount of Each Receipt this Period
125.00

Aggregate Year-to-Date ▼
375.00

B.

Full Name (Last, First, Middle Initial)
JOHN MOORE

Mailing Address 1323 COLONY WAY CT

City	State	Zip Code
CHESTERFIELD	MO	63017

FEC ID number of contributing federal political committee. **C**

Name of Employer
ST JOHN'S MERCY HOSPITAL

Occupation
ANESTHESIOLOGIST

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 1

Transaction ID: SA11AI.100575

Amount of Each Receipt this Period
500.00

Aggregate Year-to-Date ▼
500.00

C.

Full Name (Last, First, Middle Initial)
PATRICK MOORE

Mailing Address 3939 J ST STE 310

City	State	Zip Code
SACRAMENTO	CA	95819

FEC ID number of contributing federal political committee. **C**

Name of Employer
SACRAMENTO ANESTHESIA MEDICAL GROUP

Occupation
ANESTHESIOLOGIST

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.100420

Amount of Each Receipt this Period
300.00

Aggregate Year-to-Date ▼
300.00

SUBTOTAL of Receipts This Page (optional) .... ▶   925.00

TOTAL This Period (last page this line number only) .... ▶

FEC Schedule A (Form 3X)   (Revised 02/2003)